

FILED

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION

2016 SEP 26 PM 1 45

KENNETH JORDAN, CLERK

Case No. 2:05-bk-58115 PTCTY COURT

COLUMBUS, OHIO

Judge: CALDWELL

In re

CMACAO

Debtor(s)

Chapter: 7

MOTION FOR PAYMENT OF UNCLAIMED FUNDS

Under penalty of perjury, the Movant declares that the following statements and information are true and correct.

1. To the best of the Movant's knowledge, a check in the amount of \$ 7,083.35 was issued to

David L. Owen (name of original creditor/claimant).

2. To the best of the Movant's knowledge, the funds were tendered by the case trustee to the Bankruptcy Clerk and then to the United States Treasury.

3. The Movant's current address, phone number and social security number (last 4 digits only of social security number or complete EIN) are as follows:

Alliance Lien Service; 1710 N. Moorpark Road, No. 184, Thousand Oaks, CA 91360.

Ph. - 805.750.8351; EIN - 46-4087435.

4. The Movant did not receive the check or did not negotiate the check for the following reason(s):

Due to poor health, Mr. David L Owen moved into a rest home and did not notify this court

of the new mailing address. David L. Owen passed away 11/02/2015.

5. Movant represents that he/she is the owner of the funds, or is a legal representative of the owner, and is entitled to receive the funds. (If the movant is other than the owner of the funds, additional requirements pursuant to Local Bankruptcy Rule 3011-1(d) may apply to establish the right of payment of the unclaimed funds.)

6. Movant understands that pursuant to 18 U.S.C. §152, a fine or imprisonment or both may be imposed if he/she knowingly or fraudulently made any false statements in this document.

7. Wherefore, Movant requests an order directing the Clerk to pay the funds to the Movant at the above address.

Alan Bird
Movant's signature

Alan Bird for Alliance Lien Service
Movant's printed name

CERTIFIED MAIL NO. 7015 0640 0000 5883 9310

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
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CMACAO

Debtor(s)

Case No. 2:05-bk-58115

Judge: CALDWELL

Chapter: 7

NOTICE OF MOTION

Alan Bird for Alliance Lien Service has filed a Motion for Payment of Unclaimed Funds with the court.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one. If you do not want the court to grant the relief sought in the motion/objection, then on or before **twenty-one (21) days from the date set forth in the certificate of service for the motion/objection**, you must file with the court a response explaining your position by mailing your response by regular U.S. Mail to: *(select office where case is/was pending)*

U.S. Bankruptcy Court, 170 North High Street, Columbus, Ohio 43215

OR your attorney must file a response using the court's ECF System.

The court must **receive** your response on or before the above date. You must also send a copy of your response either by 1) the court's ECF System or by 2) regular U.S. Mail to:

Name: Alan Bird for Alliance Lien Service
Address: 1710 No. Moorpark Road, No. 184
Thousand Oaks, CA 91360

and, *(List below the names and addresses of others to be served)*

U.S. Attorney's Office
303 Marconi Blvd.; No. 200
Columbus, OH 43215

Margaret Owen Hendrix
2106 Bernice Ave.
Tyler, Texas 75701

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion and may enter an order granting that relief without further hearing or notice.

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Motion for Payment of Unclaimed Funds was served on the following by ordinary U.S. Mail on the 20th day of September, 2016.

Debtor:

CMACAO
700 Bryden Rd.
Columbus, OH 43215

Debtor's Attorney:

Grady L. Pettigrew, Jr.
502 South 3rd Street
Columbus, OH 43215-5702

Case Trustee:

Asst. US Trustee Office
170 No. High Street; Suite 200
Columbus, OH 43215

United States Attorney
303 Marconi Boulevard, Suite 200
Columbus, Ohio 43215


Indicate the office that was served:

☐

United States Trustee (Cincinnati cases)
36 East Seventh Street, Suite 2030
Cincinnati, Ohio 45202

☒

United States Trustee (Columbus and Dayton cases)
170 North High Street, Suite 200
Columbus, Ohio 43215



Movant's signature

U.S. Bankruptcy Unclaimed Funds Locator

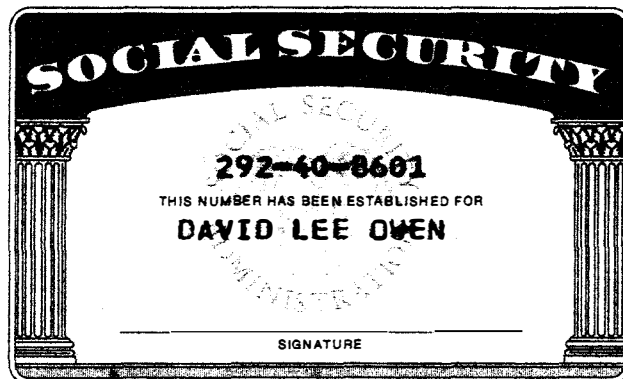
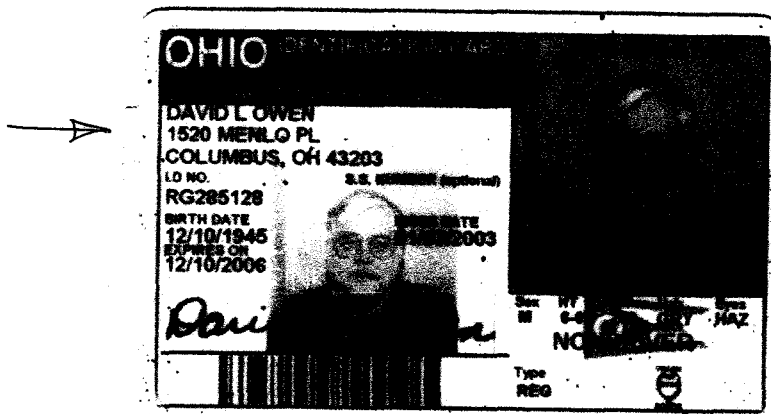
Creditors

Court

Edit Search

Last Name	First Name	Case	Debtor Name	Amount
David L Owen		05-58115	CMACAO,	\$7,083.35

WEBSITE
CLAIM LISTING



PROOF OF PRIOR ADDRESS

Declaration of Margaret Owen Hendrix in Support of Motion for Release of Unclaimed Funds

September 16, 2016

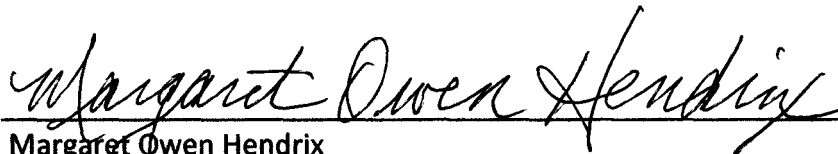
To the US Bankruptcy Court – Southern District of Ohio,

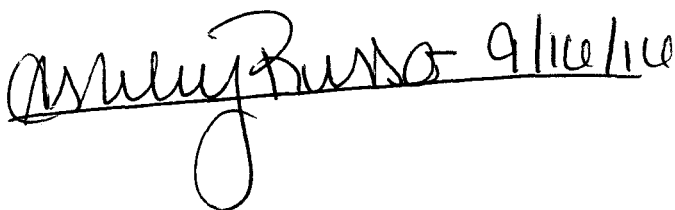
The following statement is to explain relationship to David L. Owen and my rights as the sole intestate successor to claim of David L. Owen. I have personal knowledge of the facts stated herein. I make this declaration under penalty of perjury pursuant to 18 U.S.C. Section 152. I understand I may be fined or imprisoned, or both, if I have knowingly and fraudulently made any false statements in the declaration.

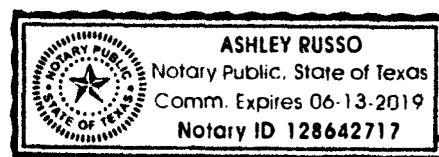
At the beginning of this case my brother David L. Owen lived at 1520 Menlo Place, Columbus Ohio 43203. Eventually David became ill and need to be cared for in a nursing facility. He since passed away in November of 2015. See the included death certificate. I believe for this reason, David failed to receive the check sent by this court.

David never married. Did not have children. His parents are both deceased. I am David Owen's sister and I am the nearest living relative to David Owen. There are no other brothers or sisters. I request this court accept my statement concerning David's prior address and my relationship to David as the rightful intestate successor for purposes of this claim.

Respectfully yours,


Margaret Owen Hendrix





Texas **DRIVER LICENSE** **USA TX**

DL 36378130 **Class C**
Iss 08/27/2012 **Exp 09/29/2018**
DOB 09/29/1953
1 HENDRIX
2 MARGARET ANN
2106 BERNICE AVENUE
TYLER TX 75701

12 Restrictions A **16 End NONE**
16 Hgt 5-09 **16 Sex F** **16 Eyes BLU** **16 DD 27113220089257095623**

Margaret A Hendrix

EVIDENCE OF TRANSFER OF CLAIM

TO: THE DEBTOR AND THE BANKRUPTCY COURT

For value received, the adequacy and sufficiency of which are hereby acknowledged, Margaret Owen Hendrix ("Assignor") hereby unconditionally and irrevocably sells, transfers and assigns to Alliance Lien Service (ALS) ("Assignee") all of its right, title and interest in and to, or arising under or in connection with its claim (as such term is defined in Section 101(5) of Title 11 of the United States Code) filed against CMACAO (the "Debtor"), Case No. 05-bk-58115, United States Bankruptcy Court for the Southern District of Ohio (the "Bankruptcy Court").

Assignor hereby acknowledges and consents to all of the terms set forth in the Assignment of Claim and hereby waives its right to raise any objections thereto and its right to receive notice pursuant to Federal Rule of Bankruptcy Procedure 3001. Upon the transfer of the claim becoming effective, Assignor consents to the substitution of Assignee for Assignor for all purposes in the Bankruptcy Case.

Assignor acknowledges and understands, and hereby stipulates, that an order of the Bankruptcy Court may be entered without further notice to Assignor transferring to Assignee the foregoing claim and recognizing the Assignee as the sole owner and holder of the claim. Assignor further agrees that all further notices relating to the claim, and all payments or distributions of money or property in respect of claim, shall be delivered or made to the Assignee.

IN WITNESS WHEREOF, THIS EVIDENCE OF TRANSFER OF CLAIM IS EXECUTED THIS 16th DAY OF SEPTEMBER, 2016.

SIGNATURE OF ASSIGNOR(S):

Margaret Owen Hendrix
Margaret Owen Hendrix

State of Texas

County of Smith

On September 16 2016, before me,

Ashley Russo a Notary Public, personally appeared,

Margaret Owen Hendrix

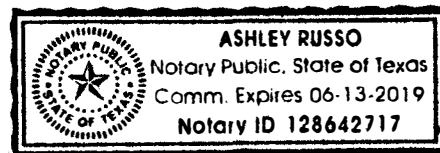
Who proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/they authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Texas that the foregoing paragraph is true and correct.

WITNESS my hand and official seal,

Notary Signature:

Ashley Russo



Reg. Dist. No. 32

Primary Reg. Dist. No. 3201

Registrar's No. 3201-2015000594

Ohio Department of Health
Vital Statistics

CERTIFICATE OF DEATH

State File No. 2015099629

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) DAVID LEE OWEN						2. Sex MALE		3. Date of Death (Mo/Day/Year) NOVEMBER 02, 2015			
4. Social Security Number 292-40-8601		5a. Age (Years) 69		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) DECEMBER 10, 1945		7. Birthplace (City and State or Foreign Country) MARION, OHIO	
8a. Residence State OHIO				8b. County HANCOCK				8c. City or Town FINDLAY			
8d. Street and Number 11745 TOWNSHIP ROAD 145						8e. Apt. No.		8f. Zipcode 45840		8g. Inside City Limits? YES	
9. Ever in US Armed Forces? NO				10. Marital Status at Time of Death NEVER MARRIED				11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED						13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE			
15. Father's Name ZELL OWEN						16. Mother's Name (prior to first marriage) MAXINE FRESHOUR					
17a. Informant's Name MARGARET HENDRICKS						17b. Relationship to Decedent SISTER		17c. Mailing Address (Street and Number, City, State, Zip Code) 2106 BERNICE AVE TYLER, TEXAS 75703			
18a. Place of Death NONHOSPITAL - HOSPICE FACILITY						18b. Facility Name (If not institution, give street & number) BRIDGE HOSPICE CARE CENTER					
18c. City or Town, State and Zip Code FINDLAY, OH 45840						18d. County of Death HANCOCK					
19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>						20. License Number (of licensee) 007207		21. Name and Complete Address of Funeral Facility HARTLEY-LEHTOMAA FUNERAL HOME 370 PARK DR S PO BOX 177 MCCOMB, OH 45858			
22a. Method of Disposition BURIAL						22b. Date of Disposition (Mo/Day/Year) NOVEMBER 04, 2015		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) LA RUE CEMETERY			
22d. Location (City/Town and State) LA RUE, OH											
23. Registrar's Signature <i>[Signature]</i>						24. Date Filed (Mo/Day/Year) NOVEMBER 3, 2015					
25a. Name of Person Issuing Disposition Permit LEHTOMAA, STEVEN						25b. District No. 3200		25c. Date Disposition Permit Issued (Mo/Day/Year) NOVEMBER 2, 2015			
26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						26b. Time of Death 0805		26c. Date Pronounced Dead (Mo/Day/Year) 11-2-15		26d. Was the Medical Examiner or Coroner Contacted? NO	
26e. Signature and Title of Certifier <i>[Signature]</i> MD						26f. License number 35.085523		26g. Date Signed (Mo/Day/Year) 11/2/15			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death CHRISTIAN HOHENLOHE JACOBUS, 15100 BIRCHAVEN LANE, FINDLAY, OH 45840											
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.											
Immediate Cause (Final disease or condition resulting in death)		a. Septic								Approximate Interval Between Onset and Death 5d	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)									
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)									
		d. Due to (or as Consequence of)									
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Dementia, Parkinson's disease											
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Probably				31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		32b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Not Applicable	
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)											
33f. Describe How Injury Occurred:								33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:			

HEA 2724 Rev. 07/15

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

NO - 3 15 000004

[Signature]
CHERYL A. KLAKAMP, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

POWER OF ATTORNEY – (LIMITED)

FOR Alan Bird)	
Operations Manager)	AUTHORITY TO ACT
)	LIMITED POWER OF ATTORNEY
Regarding Alliance Lien Service)	Limited to one fiscal year
Fiscal Year September 2016)	
To September 2017)	

FOR ALL ALLIANCE LIEN SERVICE OPERATIONS

1. I, Celeste Bird owner of Alliance Lien Service, appoint Alan Bird as my lawful attorney-in-fact for the limited purpose of administration affairs, recovering funds, receiving and obtaining information, representing in legal proceedings, and as otherwise may be needed, all matters pertaining to the business activity of Alliance Lien Service for the fiscal year 2016 described above.
2. I grant to Alan Bird the authority to do all things legally permissible including but not limited to filing applications for unclaimed funds, recover or obtain the funds held by the agency, department, authority and or other entity. Make bank deposits for Alliance Lien Service etc. This limited authority includes the right to receive any and all communications from the agency or authority. This limited authority includes the right to receive any and all communications on behalf of the Client, receiving, endorsing, depositing into ALS account checks made payable to client and to pay funds due to client pursuant to the contingency fee agreement. Appearing in legal matters to represent the interests of Alliance Lien Service.
3. This authority to act shall become effective on September 1, 2016 and shall expire upon September 1, 2017. I authorize the use of a photocopy of this notarized Limited Power of Attorney in lieu of the original.

Celeste Bird

Celeste Bird

ACKNOWLEDGEMENT

State of California
County of Ventura

A notary public or officer completing this certification verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

On September 12, 2016, before me the undersigned Notary Public, personally appeared Celeste Bird, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/they authorized capacity(ies), and that by his signature on the instrument the person(s) acted, executed the instrument.

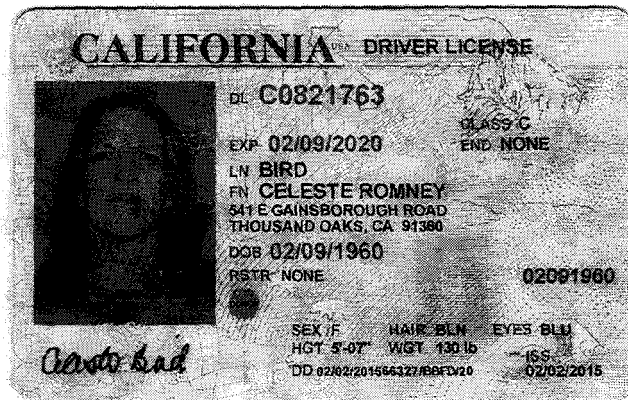
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and Official Seal.

NOTARY PUBLIC



My Commission Expires 12/5/2018





Form
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

W-9

Request for Taxpayer
Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Celeste R. Bird

2 Business name/disregarded entity name, if different from above
Alliance Lien Service

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☒ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
541 E. Gainsborough Road

6 City, state, and ZIP code
Thousand Oaks, California 91360

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-					
--	--	--	---	--	--	--	--	--

or
Employer identification number

4	6	-	4	0	8	7	4	3	5
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here
Signature of U.S. person ▶
Celeste R. Bird

Date ▶ *SEPT 20, 2016*

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.
By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.